



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application
No. 09/624,319

SMEE et al.

Examiner: SHUWANG LIU

Filed: 07/24/2000

For: METHOD AND APPARATUS
FOR PROCESSING
A MODULATED SIGNAL USING
AN EQUALIZER AND A RAKE
RECEIVER

) Group No. 2634

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FEB 05 2004

Technology Center 2600

RESPONSE TO OFFICE ACTIONCommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

In response to the Office Action dated 07/24/2003 please amend the above-identified application as indicated below. Applicants hereby petition a three (3) month Extension of Time.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Christine Hughey
(type or print name)Date: 01/26/2004Signature: Christine Hughey**FACSIMILE**

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: _____
(type or print name)

Date: _____

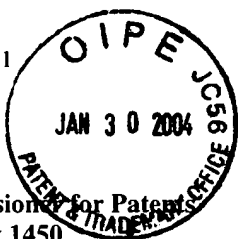
Signature: _____

02/04/2004 MBELETE1 00000025 170026 09624319

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REQUEST FOR EXTENSION OF TIME

A Petition for Extension of Time and the appropriate fee are filed herewith to extend the response period from October 24, 2003 to January 24, 2004.



AMENDMENT TRANSMITTAL FORM

Commissioner for Patent
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 000343
In Re Application of: SMEE et al.
Serial Number: 09/624,319
Filed: 07/24/2000
Examiner: SHUWANG LIU
Group Art Unit: 2634 ✓

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

In addition, the following documents are enclosed:

1. ☒ A Petition for Extension of Time: (3) month(s) is hereby requested.
2. ☐ Information Disclosure Statement (IDS):
 - a. ☐ PTO-1449
 - b. ☐ Copies of IDS Citations (number of citations:)
3. ☐ Change of Attorney's Address in Application.
4. ☐ Other:

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CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	50	52	0	x \$18 =	\$0.00
Independent**	4	4	0	x \$86 =	\$0.00
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$0.00
EXTENSION FEES			<input type="checkbox"/> One Month	\$110	\$0.00
			<input type="checkbox"/> Two Months	\$420	\$0.00
			<input checked="" type="checkbox"/> Three Months	\$950	\$950.00
INFORMATION DISCLOSURE STATEMENT			<input type="checkbox"/> After First Office Action	\$180	\$0.00
			<input type="checkbox"/> After Final Office Action	\$130	\$0.00
TERMINAL DISCLAIMER				\$110	\$0.00
				TOTAL FEE	\$950.00

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

5. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
6. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$950.00.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 01/26/2004

Signature:

Dean J. Tricarico, Reg. No. 53,703
(858) 845-0006

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